

This application, when completed and signed by the prime contractor,  
is to be returned to the: Delinquent Account Unit  
Kansas Department of Labor  
401 S.W. Topeka Blvd.  
Topeka, Kansas 66603-3182

## PRIME CONTRACTOR'S RELEASE OF LIABILITY APPLICATION

If released, the Department will keep the original application and mail a copy to the prime and subcontractor.

### PRIME CONTRACTOR :

Kansas Unemployment Account Number *(Required)*

(Name)

(Street)

(City, State, Zip)

(Telephone with Area Code)

### SUBCONTRACTOR:

Kansas Unemployment Account Number *(Required)*

(Name)

(Street)

(City, State, Zip)

(Telephone with Area Code)

### NAME AND LOCATION OF CONTRACT:

Date subcontract began: \_\_\_\_\_  
(month) (day) (year)

Date subcontract completed: \_\_\_\_\_  
(month) (day) (year)

Date subcontractor paid last wages on this subcontract: \_\_\_\_\_  
(month) (day) (year)

***I certify that the subcontract listed above has been completed, and do request a release from liability under  
K.S.A. 44-717 (b) (3) of the Kansas Employment Security Law.***

\_\_\_\_\_  
(Prime Contractor's Signature)

\_\_\_\_\_  
(Printed Name and Title)

\_\_\_\_\_  
(Date)

### ***I certify that the captioned subcontractor***

- ☐ has paid all contributions, payments in lieu of contributions or benefit cost payments, penalty and interest due.
- ☐ is not liable to the Kansas Department of Labor for taxes on wages paid during the referenced subcontract.

Authorized Signature for the:

Kansas Department of Labor  
401 S.W. Topeka Blvd.  
Topeka, KS 66603-3182  
(785) 296-5023

\_\_\_\_\_  
(Date)